

EXHIBIT C

VICTORIA CHERNYAK, MD, MS

Page 1

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY
CAMDEN VICINAGE

- - -

IN RE: VALSARTAN, : MDL No. 2875
LOSARTAN, AND :
IRBESARTAN PRODUCTS :
LIABILITY LITIGATION :

THIS DOCUMENT RELATES :
TO: :
Gaston Roberts et al. :
v. Zhejiang Huahai :
Pharmaceutical Co., et :
al. :

Case No. :
1:20-cv-00946-RMB-SAK :

- - -

May 5, 2025

- - -

Remote videotape expert
deposition of VICTORIA CHERNYAK, MD, MS,
taken pursuant to notice, was conducted
at the location of the witness in New
York, New York, beginning at 9:02 a.m.,
on the above date, before Kimberly A.
Cahill, a Federally Approved Registered
Merit Reporter and Notary Public.

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VICTORIA CHERNYAK, MD, MS

Page 2	Page 4
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Page 3	Page 5
<p>1 - - -</p> <p>2 I N D E X</p> <p>3 - - -</p> <p>4</p> <p>5 Testimony of: VICTORIA CHERNYAK, MD, MS</p> <p>6 By Attorney Vaughn 7</p> <p>7 By Attorney Rose 261</p> <p>8 By Attorney Vaughn 266</p> <p>9</p> <p>10 - - -</p> <p>11</p> <p>12 E X H I B I T S</p> <p>13 - - -</p> <p>14</p> <p>15 NO. DESCRIPTION PAGE</p> <p>16</p> <p>17 Chernyak-1 4/24/25 Invoice of 12</p> <p>18 Victoria Chernyak,</p> <p>19 MD, MS</p> <p>20</p> <p>21 Chernyak-2 Expert Report of 18</p> <p>22 Victoria Chernyak,</p> <p>23 MD, MS</p> <p>24</p> <p>25 Chernyak-3 4/8/16 Report of 34</p> <p>26 Ultrasound for</p> <p>27 Gaston J. Roberts</p> <p>28</p> <p>29 Chernyak-4 4/19/16 Report of 38</p> <p>30 CT Abdomen WO/W</p> <p>31 Contrast for Gaston</p> <p>32 J. Roberts</p> <p>33</p> <p>34 Chernyak-5 2020 Article by 90</p> <p>35 Kim, et al, "MRI</p> <p>36 Ancillary Features</p> <p>37 for</p> <p>38 LI-RADS Category 3</p>	<p>1 - - -</p> <p>2 DEPOSITION SUPPORT INDEX</p> <p>3 - - -</p> <p>4</p> <p>5 Direction to Witness Not to Answer</p> <p>6 Page Line Page Line Page Line</p> <p>7</p> <p>8 Request for Production of Documents</p> <p>9 Page Line Page Line Page Line</p> <p>10</p> <p>11</p> <p>12 Stipulations</p> <p>13</p> <p>14</p> <p>15 Question Marked</p> <p>16 Page Line Page Line Page Line</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

VICTORIA CHERNYAK, MD, MS

<p style="text-align: right;">Page 22</p> <p>1 A. It was not contributory to 2 my opinion. 3 Q. What do you mean by that? 4 A. It -- the opinions that I've 5 provided are based on CT and ultrasound 6 didn't add or added those opinions or -- 7 it was not relevant to my opinion. 8 Q. Did the ultrasound go 9 against your opinion? 10 A. No. 11 Q. Is there any other errors 12 that you notice in your expert report? 13 A. No, sir. 14 Q. When did you last review 15 your expert report? 16 A. This morning. 17 Q. Did Mr. Roberts undergo an 18 MRI in April of 2016? 19 A. Yes, he did undergo MRI in 20 April 2016. 21 Q. He did? 22 A. I'm sorry. August '16. 23 Q. Can you tell me about that 24 MRI he underwent in 2016?</p>	<p style="text-align: right;">Page 24</p> <p>1 A. That is not a categorical 2 correct statement. So, again, as I 3 mentioned, it depends on the type of 4 cancer. It depends on the type of 5 patient. For some cancers, generally, 6 the statement is yes. For some cancers, 7 generally, the statement is no. 8 Also, a lot of patient 9 factors, right, if the patient -- if the 10 patient cannot hold still and cannot 11 comply with a quiet breath holding, then 12 generally MRI will be far less diagnostic 13 than a well-conformed CT. 14 Q. Would you agree that this 15 2016 MRI was important to your expert 16 opinion? 17 A. 2000 -- 18 ATTORNEY ROSE: Object to 19 the form. Mr. Vaughn, clearly 20 that there is a typographical 21 error here that I think -- 22 ATTORNEY VAUGHN: Excuse me. 23 ATTORNEY ROSE: Okay. 24 THE WITNESS: Okay.</p>
<p style="text-align: right;">Page 23</p> <p>1 A. It was a standard multiphase 2 MRI with a standard protocol which is 3 utilized for assessment of multiple 4 abdominal pathologies, but in this case 5 specifically was done to evaluate liver 6 lesions which were noted on the CT that 7 was done a few days -- within the week of 8 that MRI. 9 What -- how much more 10 details do you want me to go into? 11 Q. An MRI gives better imaging 12 than a CT; correct? 13 A. No. It's -- well, it's not 14 a yes or no question. It depends on 15 which -- it depends on really multiple 16 factors, including what pathology we're 17 looking at, patient factors, lesion 18 location. 19 So it's -- for some 20 situation, the answer is yes. For some 21 situation, the answer is no. 22 Q. Does an MRI have a higher 23 specificity of diagnosing cancer than a 24 CT?</p>	<p style="text-align: right;">Page 25</p> <p>1 ATTORNEY VAUGHN: No more 2 speaking objections in this. I've 3 made it very clear on my 4 questions. Do not coach your 5 witness. 6 THE WITNESS: It was an -- 7 okay -- typographical error -- 8 ATTORNEY VAUGHN: Now you're 9 saying typographical error after 10 your attorney said it's a 11 typographical error. 12 THE WITNESS: However the 13 lesion's -- however's the lesion's 14 present on April -- okay. It was 15 supposed to be CT -- 16 BY ATTORNEY VAUGHN: 17 Q. What's supposed to be CT? 18 A. Instead of MRI, it's 19 supposed to be CT. 20 Q. So this is another error in 21 your expert report? 22 A. Another error -- 23 typographical error, yes. 24 Q. Were you in a rush when you</p>

VICTORIA CHERNYAK, MD, MS

<p style="text-align: right;">Page 62</p> <p>1 this supports that there's seven 2 different diagnostic categories? 3 A. For diagnostic LI-RADS, yes. 4 Q. Can we go to page 5 of your 5 expert report? 6 A. Which one is that? Because 7 my number -- they're not numbered. 8 Q. PDF page 5. It's the one 9 where you have -- you identify different 10 segments that you see lesions. 11 A. Okay. 12 Q. And, again, you noted it was 13 an April 8th, 2006 CT. This was supposed 14 to be that later date of -- 15 A. 18 -- 18? 19? 19. 16 Q. 19th? Okay. 17 This first lesion, this .6 18 centimeter -- 19 A. Uh-hum. 20 Q. -- you're not saying that 21 this turned into cancer; correct? 22 ATTORNEY ROSE: Object to 23 the form. 24 ATTORNEY VAUGHN: You can</p>	<p style="text-align: right;">Page 64</p> <p>1 has intermediate probability of 2 being malignancy. About 33 3 percent of LI-RADS 3 lesions are 4 HCCs, so there's a possibility 5 that it was small HCC at the time. 6 BY ATTORNEY VAUGHN: 7 Q. And by 2018, when you looked 8 at the same spot, was there any HCC in 9 that spot? 10 A. That spot correspond -- in 11 that spot, there was a LI-RADS 5 lesion. 12 Q. You're saying the spot -- 13 segment 7, the 0.6 centimeter in image 14 17, you're telling me in 2018, there was 15 an HCC there? 16 ATTORNEY ROSE: Object to 17 the form. 18 THE WITNESS: May I please 19 reference my -- 20 ATTORNEY VAUGHN: You may. 21 THE WITNESS: -- exhibit? 22 Thank you. 23 (Pause.) 24 THE WITNESS: Segment 5/8</p>
<p style="text-align: right;">Page 63</p> <p>1 still answer. 2 THE WITNESS: I -- can you 3 rephrase your question, please? 4 BY ATTORNEY VAUGHN: 5 Q. Yeah, this .6 centimeter 6 lesion that you detected, you then looked 7 in the 2018 CT; correct? 8 A. Yes. 9 Q. In your opinion, did this 6 10 centimeter lesion in image 17 turn into 11 cancer? 12 A. 0.6 centimeter lesion. 13 Q. Thank you. 14 A. Without interim imaging 15 between 2016 and 2018, I don't -- I 16 cannot say definitively, but I cannot 17 rule it out. 18 Q. Was there any cancer in the 19 spot of where this .6 centimeter lesion 20 was in image 17? 21 ATTORNEY ROSE: Object to 22 the form. 23 THE WITNESS: That lesion 24 met criteria for LI-RADS 3, which</p>	<p style="text-align: right;">Page 65</p> <p>1 lesion -- so segment 5/8 lesion -- 2 ATTORNEY VAUGHN: I didn't 3 realize I wasn't sharing. 4 THE WITNESS: So segment 5/8 5 lesion, so the next one, .5 6 centimeter. 7 BY ATTORNEY VAUGHN: 8 Q. Sorry. I didn't realize I 9 wasn't scree-sharing. So I'm talking 10 about the one in segment 6, this 0.6 11 centimeter on image 17, in your opinion, 12 in 2018, was there HCC at this site? 13 A. Okay. So in segment 7 -- so 14 all these three lesions, they look very 15 similar to each other in terms of their 16 imaging features, each and every one of 17 them meets criteria for LI-RADS 3. 18 So each and every one of 19 them has a about a third of a chance of 20 being HCC at that time. 21 Q. And you are not answering my 22 question. My question is simply, when 23 you looked at the 2018 CT, was there HC 24 -- excuse me?</p>

VICTORIA CHERNYAK, MD, MS

<p style="text-align: right;">Page 66</p> <p>1 A. 2016 CT?</p> <p>2 Q. No. I'm talking about the</p> <p>3 2018. You were talking about the '16</p> <p>4 here. You looked at the '16 and the '18;</p> <p>5 correct?</p> <p>6 A. You said 2016 C -- okay.</p> <p>7 Q. Okay.</p> <p>8 ATTORNEY ROSE: I think the</p> <p>9 confusion -- Brett, the confusion</p> <p>10 is that in your question you</p> <p>11 referenced a 2018 CT.</p> <p>12 ATTORNEY VAUGHN: Well,</p> <p>13 because that's what I'm asking her</p> <p>14 to compare.</p> <p>15 You looked at the 2018 CT</p> <p>16 and on image 17 -- in 2016, you</p> <p>17 see this .6 centimeter and you say</p> <p>18 it's a LI-RADS 3. And then you go</p> <p>19 and you look at the 2018 and you</p> <p>20 look at where image 17 would be.</p> <p>21 Did it correspond to where</p> <p>22 any HCC was?</p> <p>23 THE WITNESS: So 2018 MRI.</p> <p>24 ATTORNEY VAUGHN: MRI. Was</p>	<p style="text-align: right;">Page 68</p> <p>1 -- it -- in 2018, there was no</p> <p>2 correlation to this lesion.</p> <p>3 BY ATTORNEY VAUGHN:</p> <p>4 Q. And then let's look at the</p> <p>5 bottom one, the segment 6, half</p> <p>6 centimeter, image 35, did you look to</p> <p>7 correspond that one in the MRI in 2018?</p> <p>8 A. Yes.</p> <p>9 ATTORNEY ROSE: Object to</p> <p>10 the form.</p> <p>11 BY ATTORNEY VAUGHN:</p> <p>12 Q. And in your opinion, did</p> <p>13 this one overlay with where HCC</p> <p>14 developed?</p> <p>15 A. No.</p> <p>16 Q. And so the one that we're</p> <p>17 left with is here in the middle, in</p> <p>18 section 5 and section 8, where there's</p> <p>19 the half centimeter on image 24. In your</p> <p>20 opinion, when you looked at the 2018 MRI,</p> <p>21 did this one overlay with where HCC</p> <p>22 developed?</p> <p>23 A. Yes.</p> <p>24 Q. And so it's only the middle</p>
<p style="text-align: right;">Page 67</p> <p>1 there a CT in 2018?</p> <p>2 THE WITNESS: There was, but</p> <p>3 it was not done with multiphase</p> <p>4 protocol, so it's not -- you can't</p> <p>5 apply LI-RADS to that, so --</p> <p>6 BY ATTORNEY VAUGHN:</p> <p>7 Q. And what's a multiphase</p> <p>8 protocol?</p> <p>9 A. The one that has arterial</p> <p>10 phase and portal venous phase --</p> <p>11 Q. And so if you don't -- if</p> <p>12 you don't do all the phases, you can't</p> <p>13 apply LI-RADS; correct?</p> <p>14 A. Correct.</p> <p>15 Q. Okay.</p> <p>16 A. So in the lesion in segment</p> <p>17 7, on series 401, image 17, had no</p> <p>18 corollary on MRI done in August of 2018.</p> <p>19 Q. So this first one that you</p> <p>20 listed definitely did not turn into HCC;</p> <p>21 correct?</p> <p>22 ATTORNEY ROSE: Object to</p> <p>23 the form.</p> <p>24 THE WITNESS: There was no</p>	<p style="text-align: right;">Page 69</p> <p>1 one, the one in section 5 and section 8,</p> <p>2 that ended up overlaying with where HCC</p> <p>3 was; correct?</p> <p>4 A. Yes.</p> <p>5 Q. And that specific one, the</p> <p>6 one in segment 5 and 8 on image 24, in</p> <p>7 your opinion, had a 33 percent chance of</p> <p>8 become being HCC; correct?</p> <p>9 ATTORNEY ROSE: Object to</p> <p>10 the form.</p> <p>11 THE WITNESS: No. It was --</p> <p>12 it had 33 percent chance of being</p> <p>13 HCC at that particular moment.</p> <p>14 BY ATTORNEY VAUGHN:</p> <p>15 Q. So I want to be very clear</p> <p>16 then. This one in segment 5 and segment</p> <p>17 8 that was a half centimeter in image 24,</p> <p>18 in your opinion, there was a 33 percent</p> <p>19 chance that that was cancerous as of</p> <p>20 2016; correct?</p> <p>21 A. Correct.</p> <p>22 ATTORNEY VAUGHN: Now is a</p> <p>23 good time for a break.</p> <p>24 THE VIDEO TECHNICIAN: Off</p>

VICTORIA CHERNYAK, MD, MS

<p style="text-align: right;">Page 82</p> <p>1 patient.</p> <p>2 According to LI-RADS and</p> <p>3 AASLD, patients who have LI-RADS 3</p> <p>4 observation need to be followed up every</p> <p>5 three to six months. THE decision if</p> <p>6 it's three months or six months is left</p> <p>7 to the physician, conversation with</p> <p>8 patient, but they have to be followed up.</p> <p>9 Q. You can't diagnose a patient</p> <p>10 with HCC based on a LI-RADS 3; correct?</p> <p>11 A. LI-RADS 3 provides an</p> <p>12 intermediate probability of being</p> <p>13 malignant, so LI-RADS 3 is about 33</p> <p>14 percent of being malignant.</p> <p>15 Q. And so you can't say to a</p> <p>16 reasonable degree of medical certainty</p> <p>17 that the lesion in segment 5 and segment</p> <p>18 8 on image 24 was HCC at the time in</p> <p>19 2016; correct?</p> <p>20 A. It had a probability -- it</p> <p>21 had a 33 probability of being malignant.</p> <p>22 Q. Can you say to a reasonable</p> <p>23 degree of medical certainty that it was</p> <p>24 malignant in 2016?</p>	<p style="text-align: right;">Page 84</p> <p>1 A. So, hence -- hence, the</p> <p>2 patient should be followed every three to</p> <p>3 six months.</p> <p>4 Q. The opinions stated in your</p> <p>5 expert report, did you give them to a</p> <p>6 reasonable degree of medical certainty?</p> <p>7 A. I'm sorry. Can you repeat</p> <p>8 that again?</p> <p>9 Q. The expert opinions within</p> <p>10 your report, did you give them to a</p> <p>11 reasonable degree of medical certainty?</p> <p>12 A. I'm not -- I'm not sure what</p> <p>13 you're exactly asking me. I provided my</p> <p>14 opinion based on my medical training and</p> <p>15 my years of practice and my expertise in</p> <p>16 LI-RADS, so this is how I interpret the</p> <p>17 imaging.</p> <p>18 Q. And can you say to a</p> <p>19 reasonable degree of medical certainty as</p> <p>20 of 2016 that Mr. Roberts had cancer?</p> <p>21 ATTORNEY ROSE: Object to</p> <p>22 the form.</p> <p>23 THE WITNESS: Mr. Roberts</p> <p>24 had three lesions. Each one of</p>
<p style="text-align: right;">Page 83</p> <p>1 ATTORNEY ROSE: Object to</p> <p>2 the form.</p> <p>3 THE WITNESS: What's a</p> <p>4 reasonable degree? Is 33 percent</p> <p>5 reasonable degree? I'm not sure</p> <p>6 what's reasonable degree.</p> <p>7 The -- the LI-RADS</p> <p>8 specifically is designed to take</p> <p>9 away at least some of the</p> <p>10 subjectivity from conversation</p> <p>11 between radiologists and</p> <p>12 clinicians, and there are a lot of</p> <p>13 studies that are performed to</p> <p>14 validate LI-RADS and LI-RADS</p> <p>15 works.</p> <p>16 And the probabilities that</p> <p>17 I'm citing to you have been</p> <p>18 validated in multiple studies. So</p> <p>19 when I say something meets</p> <p>20 criteria for LI-RADS 3, that</p> <p>21 communicates that that probability</p> <p>22 of HCC is about 33 percent.</p> <p>23 BY ATTORNEY VAUGHN:</p> <p>24 Q. You -- I'm sorry.</p>	<p style="text-align: right;">Page 85</p> <p>1 them met criteria for LI-RADS 3</p> <p>2 observation. LI-RADS 3</p> <p>3 observation has 33 percent of</p> <p>4 probability of being malignant.</p> <p>5 I have no tools to stratify</p> <p>6 that probability. Nobody has</p> <p>7 those tools. Those tools yet do</p> <p>8 not exist.</p> <p>9 BY ATTORNEY VAUGHN:</p> <p>10 Q. Your next sentence, you say:</p> <p>11 When they are followed long term, up to</p> <p>12 60 percent of LR-3 observations progress</p> <p>13 to HCC within 48 months.</p> <p>14 Did I read that right?</p> <p>15 A. Yes.</p> <p>16 Q. Why did you choose 48</p> <p>17 months?</p> <p>18 A. That is the study that I</p> <p>19 quoted followed the lesions up to 48</p> <p>20 months. That's the number that they've</p> <p>21 -- they've reported.</p> <p>22 Q. And how long was between Mr.</p> <p>23 Roberts' 2016 scan and 2018 scan?</p> <p>24 A. Two years and I think --</p>

VICTORIA CHERNYAK, MD, MS

<p style="text-align: right;">Page 146</p> <p>1 review paper, you noted that several 2 studies found that all LR-3 observations, 3 23 to 60 percent remained LR-3; correct? 4 A. Yes. 5 Q. And that's what Mr. Roberts 6 had -- that you say Mr. Roberts had, was 7 an LR-3; correct? 8 A. Yes. 9 Q. And so in your opinion, did 10 Mr. Roberts have a 23 to 60 percent 11 chance of that LR-3 remaining as an LR-3? 12 ATTORNEY ROSE: Object to 13 the form. 14 THE WITNESS: Based on the 15 evidence that we have, he had 23 16 to 60 percent chance that it would 17 remain, 7 to 24 percent chance of 18 progression. 19 You can -- you can see how 20 these numbers are very, very -- 21 the ranges are big and that 22 underscores the challenges, that 23 we don't have a good sense of 24 which of the LR-3 observations</p>	<p style="text-align: right;">Page 148</p> <p>1 that -- or enough of them progress 2 that we can -- that we have to say 3 that we need to follow them more 4 closely than a person who doesn't 5 have anything in their liver. 6 BY ATTORNEY VAUGHN: 7 Q. And you agree that Mr. 8 Roberts' LR-3 in 2016 had a 15 to 68 9 percent chance of decreasing to an LR-1 10 or LR-2? 11 A. Based on available image -- 12 literature, yeah. 13 Q. And so would you agree it's 14 most likely that Mr. Roberts LR-3 in 2016 15 would have either stayed as an LR-3 or 16 decreased to an LR-1 or 2? 17 ATTORNEY ROSE: Object to 18 the form. 19 THE WITNESS: I have -- 20 we're looking at probabilities as 21 they apply to the entire 22 population and it comes to -- so 23 if you said -- if, you know, any 24 given LR-3 has a -- then it's</p>
<p style="text-align: right;">Page 147</p> <p>1 will stay the same, progress, or 2 change. We just don't know. 3 That's why we have to follow them. 4 BY ATTORNEY VAUGHN: 5 Q. Is LR-3 kind of just 6 guesswork? 7 ATTORNEY ROSE: Object to 8 the form. 9 THE WITNESS: It is a 10 collection of observations that 11 imaging features are such that the 12 probability of HCC at that 13 particular moment is 33 percent. 14 So it's not low enough to 15 say forget about it. It's not 16 high enough to say we must do 17 something about it right this very 18 second. It's intermediate, as the 19 name states, and therefore we have 20 to follow these patients. 21 Unfortunately, we don't have 22 any good tools other than let's 23 just wait and see what it does. 24 But it's enough probability</p>	<p style="text-align: right;">Page 149</p> <p>1 true. The problem is applying 2 population probabilities to a 3 particular patient is difficult, 4 because it is a very specific 5 lesion we're talking about. 6 Because we cannot say with 7 any degree of reasonable certainty 8 that this particular lesion in Mr. 9 Roberts' case would actually 10 regress or stay the same, that is 11 why this lesion requires a 12 follow-up, because there's no way 13 to say how this lesion will 14 behave, because there is up to 24 15 percent chance of progression and 16 -- and if it progresses, it's an 17 aggressive disease. 18 So the goal is to monitor 19 and if they, you know, resolve, 20 then the patient can go back to a 21 routine surveillance schedule. 22 By the way, patients once 23 they have cirrhosis have to be 24 under routine surveillance, so</p>

VICTORIA CHERNYAK, MD, MS

<p style="text-align: right;">Page 162</p> <p>1 optimal images for CT and MRI are listed 2 on figure 4? 3 A. Yep. 4 Q. And then I did want to go 5 right down here. In your publication, 6 you note that MRI is more sensitive than 7 CT. You agree with that statement; 8 correct? 9 A. With the simplest 10 specificity; however, the difference are 11 small and the -- and the comparative 12 performance of CT and MR has not yet been 13 studied in community settings. 14 I can provide you -- well, 15 one of the papers that I cited in my 16 report actually looked at MRI and CT and 17 we found no statistically significant 18 difference in proportions of HCC between 19 CT/MR with extracellular contrast agent 20 and hepatobiliary agents in the 21 meta-analyses for probabilities of HCC 22 per each category. 23 This is -- this is 2018. 24 This is the initial study that announced</p>	<p style="text-align: right;">Page 164</p> <p>1 HCC, and we need arterial phase to 2 determine it, to see it. And it is, late 3 arterial phase has a better chance of 4 showing it. 5 Q. What is late arterial phase 6 versus early arterial phase? 7 A. It refers to the timing of 8 acquisition of arterial phase. 9 Q. Is that the third phase of 10 the CT? 11 A. It is the first 12 post-contrast phase. 13 Q. What makes it late versus 14 early? 15 ATTORNEY ROSE: Object to 16 the form. 17 THE WITNESS: Certain 18 appearances and feeling of certain 19 vessels in the liver. 20 BY ATTORNEY VAUGHN: 21 Q. In the 2016 CT for Mr. 22 Roberts, was it a late arterial phase or 23 early arterial phase? 24 A. I would have to go back and</p>
<p style="text-align: right;">Page 163</p> <p>1 -- initial publication that announced 2 release of version 2018 of LI-RADS and 3 the study that I'm referring to is Lee, 4 et al, study published in 2023. 5 Q. What does "more sensitive" 6 mean? 7 A. It means that it is able to 8 pick up disease better or it's more 9 likely to pick up disease when it's 10 present. 11 Q. This -- right here, it says: 12 Late arterial phase imaging is strongly 13 preferred over early arterial phase 14 imaging to maximize the likelihood of 15 depicting APHE, which is a major feature 16 of HCC. 17 Do you agree with that 18 statement? 19 A. Yes. 20 Q. Can you explain that 21 statement? 22 A. Arterial -- APHE, A-P-H-E, 23 arterial phase hyperenhancement, is a 24 requirement for noninvasive diagnosis of</p>	<p style="text-align: right;">Page 165</p> <p>1 double-check. 2 Q. What would you check for 3 that? 4 A. I would check the appearance 5 of the vessels. 6 Q. And did you check that at 7 the time you were forming your expert 8 opinions? 9 A. Yes. 10 Q. But you didn't note if it 11 was late or early? 12 ATTORNEY ROSE: Object to 13 the form. 14 THE WITNESS: It's not a 15 requirement for LI-RADS to -- for 16 -- to note that and even though 17 the late arterial phase is 18 preferred, not having one does not 19 render the exam nondiagnostic or 20 LI-RADS not applicable. 21 BY ATTORNEY VAUGHN: 22 Q. And when you say preferred, 23 it's strongly preferred; correct? 24 A. Strongly preferred because</p>

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<p style="text-align: right;">Page 198</p> <p>1 cirrhosis by detecting HCC at 2 stages where it can be treated. 3 So I was just providing 4 numbers. These numbers -- nobody 5 can provide you with exact numbers 6 because, again, there was no 7 follow-up that was required -- 8 that should have happened. 9 BY ATTORNEY VAUGHN: 10 Q. So you have no way to know 11 if this assumption that you made of a 12 constant tumor volume doubling time of 13 three months was applicable to Mr. 14 Roberts; correct? 15 ATTORNEY ROSE: Object to 16 the form. 17 THE WITNESS: I am showing 18 that it is within the realms of 19 possibility that this was so. 20 BY ATTORNEY VAUGHN: 21 Q. In your expert opinion, did 22 Mr. Roberts' HCC have a constant growth 23 rate? 24 A. This is not an answerable</p>	<p style="text-align: right;">Page 200</p> <p>1 take two years and eight months for it to 2 grow to that size? 3 A. It provided me with a 4 formula which -- which is the formula you 5 use for -- for this. I looked at the 6 formula. It was correct. It just made 7 the calculations faster than me entering 8 into Excel and recalculating everything 9 myself. 10 Q. And did you include 11 ChatGPT's formula in your expert report 12 anywhere? 13 A. No. 14 Q. How would I find what 15 ChatGPT's formula was? 16 A. It's in -- it -- it's a 17 standard formula for tumor -- tumor 18 volume doubling time. There's a -- 19 there's a formula and it just made the 20 calculation faster. 21 Q. Does that formula appear 22 anywhere in your expert report? 23 A. No. 24 Q. Does the data that you</p>
<p style="text-align: right;">Page 199</p> <p>1 question because I don't -- because the 2 patient didn't have the follow-up, so... 3 Q. Can you explain to me how 4 you did this calculation, this tumor 5 volume doubling time, to come to your 6 answer that it would take approximately 7 two years and eight months for it to grow 8 to the size that was seen? 9 A. There is a -- a calculator 10 you can plug in. There's a formula. You 11 can plug in the numbers. So I said, you 12 know, tumor volume doubling time three 13 months, initial size this, and it -- and 14 the calculator spit out the two years and 15 eight months using the formula. I can 16 look up the formula for you. 17 Q. What calculator did you use? 18 A. ChatGPT, which provided me 19 with -- 20 Q. ChatGPT? 21 A. Well, it provided me with a 22 formula, so I can -- 23 Q. So you entered some data in 24 this ChatGPT and it shot out it would</p>	<p style="text-align: right;">Page 201</p> <p>1 entered in that formula appear anywhere 2 in your expert report? 3 A. Yes, three months and .05 4 centimeter. 5 Q. So is all you typed into 6 ChatGPT was three months and 0.5 7 centimeters and ChatGPT shot out that 8 it's going to take two years and eight 9 months? 10 A. I said tumor -- tumor volume 11 doubling time is three months. Initial 12 size is .5 centimeters. How long will it 13 take to grow to this 5.8 centimeter? It 14 provided me with step-by-step 15 calculations. They appeared correctly. 16 Q. For the tumor volume 17 doubling time of three months, you chose 18 the three-month doubling time, not 19 ChatGPT; correct? 20 A. Yes. 21 Q. Did ChatGPT give you a 22 suggestion of what doubling time you 23 should be using? 24 A. No. It just provided me</p>

51 (Pages 198 - 201)